Attorney's Docket No.: 00167-434001 Client's Ref. No.: 02-31-0352

## rookerso olikoor

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

Mattapoisett, MA 02739

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>TISSUE ANCHOR INSERTION TOOL</u>, the specification of which:

	on _ as Application Serial No a ibed and claimed in PCT Internati	nd was amended on onal Application No PCT Article 19 on	filed on
I hereby state the including the claims, as	nat I have reviewed and understand amended by any amendment reference.	If the contents of the above-identified speed to above.	ecification,
I acknowledge Title 37, Code of Federa	the duty to disclose all informational Regulations, §1.56.	n I know to be material to patentability in	n accordance with
I hereby appoint business in the Patent an	at the following attorneys and/or agd Trademark Office connected the	gents to prosecute this application and to rewith:	transact all
Phyllis K. Kristal, Reg. No.38,524 Peter J. Devlin, Reg. No. 31,753 John F. Hayden, Reg. No.37,640 Joel R. Petrow, Reg. No. 30,886 Earl Douglas, Reg. No. 31,723		Timothy A. French, Reg. No.30,175 John N. Williams, Reg. No.18,948 George K. Stacey, Reg. No. 35,688 Bill Clemmons, Reg. No. 32,558 John F. Conroy, Reg. No. 45,485	
Address all tele	phone calls to PHYLLIS K. KRIS	TAL at telephone number (617) 542-50	70.
Address all corn	respondence to JOEL PETROW a	t:	
SMITH & NEP 1450 Brooks Ro Memphis, TN			
on information and belie that willful false statement	f are believed to be true; and furth nts and the like so made are punish Inited States Code and that such w	f my own knowledge are true and that al er that these statements were made with nable by fine or imprisonment, or both, u illful false statements may jeopardize th	the knowledge under Section
Full Name of Inventor:	STEFAN GABRIEL		/ /
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Mattapoisett, MA United States of America 7 Alderberry Lane	Date: 12/1	7/0/

Attorney's Docket No.: 00167-434001

Date: 20DEC.01

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## Combined Declaration and Power of Attorney Page 2 of 2 Pages

Full Name of Inventor: JUSTIN DYE

Inventor's Signature:

Residence Address:

Citizenship: Post Office Address: Mansfield, MA United States of America

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